JEFFERSON MANOR - FDD 436 SOUTH JEFFERSON STREET

GREEN BAY 54301 Phone: (920) 431-7181 Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 31 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 31 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 27 Average Daily Census: 26

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	18. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	14. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	77.8	More Than 4 Years	66 . 7
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	3. 7		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	14.8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	3.7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0. 0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	İ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	22. 2		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	0. 0
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	13. 9
Other Services	No	Respi ratory	0. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	48. 1	Aides, & Orderlies	44. 7
Mentally Ill	Yes			Femal e	51.9		
Provi de Day Programming for			100. 0		i		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		I	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				27	100.0	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	27	100. 0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		27	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		27	100.0

County: Brown JEFFERSON MANOR - FDD

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1	Percent Distribution	of Residents'	Conditions	s, Services	s, and Activities as of 12/	′31/01
1			% Ne	edi ng		Total
	Activities of	%	Assi st	ance of	% Totally	Number of
20.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
0.0	Bathi ng	25. 9			0. 0	27
20.0	Dressing	33. 3			0. 0	27
0.0	Transferri ng				0. 0	27
	Toilet Use					27
	Eati ng	33. 3	(6. 7	0. 0	27
	************	*****	*****	******	*********	*****
5						%
						0. 0
	1 1					0. 0
	0cc/Freq. Incontinent	of Bowel	7. 4			0. 0
						3. 7
		_				0. 0
	Physically Restrained	1	0. 0	Recei vi ng	Mechanically Altered Diets	7. 4
	J		_			
	1					
0. 0					ice Directives	100. 0
_	With Rashes		0.0 Ma			
3	I			Recei vi ng	Psychoactive Drugs	77. 8
	0. 0 20. 0	Activities of 20.0 Daily Living (ADL) 0.0 Bathing 20.0 Dressing 0.0 Transferring 60.0 Toilet Use 0.0 Eating 0.0 **********************************	Activities of % 20.0 Daily Living (ADL) Independent 0.0 Bathing 25.9 20.0 Dressing 33.3 0.0 Transferring 33.3 60.0 Toilet Use 33.3 0.0 Eating 33.3 0.0 Eating 33.3 Continence Indwelling Or External Catheter 0.0 Occ/Freq. Incontinent of Bladder 0.0 Occ/Freq. Incontinent of Bowel 33.3 0.0 Mobility 0.0 Physically Restrained 0.0 66.7 Skin Care 0.0 With Pressure Sores With Rashes	Activities of	Activities of	Activities of

	Thi s		'DD			
	Facility		ilities		lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	83. 9	84. 6	0. 99	84. 6	0. 99	
Current Residents from In-County	29. 6	41. 3	0. 72	77. 0	0. 38	
Admissions from In-County, Still Residing	40. 0	17. 0	2. 35	20. 8	1. 92	
Admissions/Average Daily Census	19. 2	18. 6	1.03	128. 9	0. 15	
Di scharges/Average Daily Census	11. 5	22. 2	0. 52	130. 0	0.09	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00	
Residents Aged 65 and Older	22. 2	15. 8	1. 40	87. 5	0. 25	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1. 46	
Pri vate Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	34. 1	50. 6	0. 67	49. 3	0. 69	
Psychol ogi cal Probl ems	77. 8	46. 6	1. 67	51. 9	1. 50	
Nursing Care Required (Mean)*	1.4	11. 0	0. 13	7. 3	0. 19	